


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

PDCIK 1348 - A-3  
 AMT 6135  
 DATE 3/16/07  
**FILED**  
**Mar 09, 2007 08:00 A**  
 Secretary of State

**DOCUMENT # N00934**

1. Entity Name  
 SANDRIFT CONDOMINIUM ASSOCIATION OF NAPLES,  
 FLORIDA, INC.



Principal Place of Business 613 E LAKE DR. NAPLES, FL 34102 US	Mailing Address 1040 6TH AVE, N NAPLES, FL 34102 US
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**DO NOT WRITE IN THIS SPACE**



02242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2515685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FOESMAN, W F  
 C/O COLLIER CONDO MGMT INC  
 1040 6TH AVE N  
 NAPLES, FL 33940

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000661402  
 03/20/07-80039-013 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEER, RALPH 104 ASPEN CIRCLE SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHTER, SIMON 2717 BOOGER HOLLOW CONNECTOR BLAIRSVILLE, GA 30512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOVAK, RICHARD C 2010 HARBORTOWN DR STE G DOCKSIDE FORT PIERCE, FL 349461421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIESELHORST, LEONARD P.O. BOX 678027 N/A ORLANDO, FL 32867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PAUL 6950 FRANCE AVE SOUTH SUITE 211 EDINA, MN 55435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOESMAN, W F 4830 PALMETTO WOODS DRIVE NAPLES, FL 341192810

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** W F Foresman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #